

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 1: Cover Sheet

Office Use Only

Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity.

For detailed instructions on how to complete this form, see the Lobbyist Reporting Form: Individual Reporting Guide

This form must be submitted in its original digital format. Please do not print or scan this form.

LOBBYIST NAME	Title First Name* Michael Last Name* Whellan My employer is a 501c(3) non-profit organization	Middle J. Suffix
EMPLOYING ENTITY	My employer is registered as a business entity, pays behalf	an entity registration fee, and is reporting on my
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Business Street Address* Graves, Dougherty, Hearon & Moody, P.C. City* Austin	Apartment or Suite Number 401 Congress Ave, Suite 2200 State* Zip Code* TX 78701
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing Address* 401 Congress Avenue City* Austin	Apartment or Suite Number Suite 2200 State* Zip Code* TX 78701

	☐ I am registering as a new lobbyist
	☐ I am renewing my annual lobbyist registration
	☐ I am updating my current registration information outside of a Quarterly Activity Reporting Period
REPORT TYPE *	I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:
Check all that apply	☑ January
	☐ I am correcting the information provided on a previously filed report Previous Report Type: Previous Report Date
	I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.



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Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one munici	ipai Question, clici	N LITE	Aud Auditional Municipal Question	buttoi	i below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan permitting, including responses to City staff comments to site plan submittal, easements, community facilities agreement, and restrictive covenants.							
PROPERTY ADDRESS	This municipal description is		uestion pertains to real property. *If chuired.	necked	, either a prop	perty address or legal		
OR	Address			Suite	or Apartment	Number		
LEGAL DESCRIPTION	1709, 1715 and 18	805 I	East 6th Street					
	City			State		Zip Code		
	Austin			TX		78702		
	Property Legal De	escrip	tion					
			5, Division A, City of Austin					
			-					
Subject Matter(s) ": Check all sul	bject matters that	app	ly to the municipal question above					
Accessibility or Persons with	Disabilities		Environmental Matters, Air or Water Quality, or Watershed Protection		Permits (Bu	ilding, Site Plans)		
☐ Affordability			Finance, Budget, or Investments		Permits (Ot	her)		
Animals			Health, Healthcare, Mental Health, or Human Services			ty, Policy, Fire, EMS, or Planning and Response		
Annexation			Historic Preservation		Public Utilit or Recycling	ies, Energy, Water, Solid Waste, J		
Arts, Music, Film, Cultural or Creative Industries			Hospitality, Tourism, Events, or Convention Center	on [Quality of L	ife Affairs		
Aviation			Human Rights or Immigration		Real Estate			
City Infrastructure or Public	Works		Labor or Workforce		Rules, Prop	osed Rules, or Rule Making		
Civil Service, Municipal Empl Retirement Systems	oyment, or	\boxtimes	Land Development or Land Use		Taxation or	Fees		
Code Compliance			Municipal Court		Technology	or Communications		
Construction			Municipal Legislation		Transportat	tion or Mobility		
Contracts or Procurement			Neighborhoods		Zoning or P	latting		
Diversity, Equity, or Inclusion	1		Parks, Recreation, Libraries, or Museums					
Economic Development			Other:					



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To report more than one municip	bai Question, click	the Add Additi	onai iviunicipai Question	button b	CIOW.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan permitting, including responses to City staff comments to site plan submittal, easements, and restrictive covenants.							
PROPERTY ADDRESS	☐ This municipa description is Address		ins to real property. *If ch					
OR		200		Suite of	Apartment N	lumber		
LEGAL DESCRIPTION	8000 West U S Hw	y 290						
	City			State		Zip Code		
	Austin			TX		78737		
	Property Legal Des	scription						
	LOT 1 BLK A WEST	PARK AMENDED						
Subject Matter(s)*: Check all sub	ject matters that	apply to the mu	nicipal question above				_	
Accessibility or Persons with I	•	Environment	al Matters, Air or Water Vatershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)		
Affordability		Finance, Bud	get, or Investments		Permits (Oth	ner)		
Animals		Health, Health Human Servi	thcare, Mental Health, or ces			y, Policy, Fire, EMS, or Planning and Response		
Annexation		Historic Pres	ervation		Public Utilitie or Recycling	es, Energy, Water, Solid Was	ste,	
Arts, Music, Film, Cultural or Creative Industries		Hospitality, 7	ourism, Events, or Conventio	on 🗌	Quality of Lif	fe Affairs		
Aviation		Human Right	s or Immigration	\boxtimes	Real Estate			
City Infrastructure or Public V	Vorks	Labor or Wo	rkforce		Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo	oyment, or		oment or Land Use		Taxation or F	Fees		
Code Compliance		Municipal Co	ourt		Technology	or Communications		
Construction		Municipal Le	gislation		Transportati	on or Mobility		
Contracts or Procurement		☐ Neighborhoo	ods		Zoning or Pla	atting		
Diversity, Equity, or Inclusion		Parks, Recrea	ation, Libraries, or Museums					
Economic Development		Other:						



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan permitting, including responses to City staff comments to site plan submittal, easements, and restrictive covenants.							
	This municipal description is		pertains to real property. *If cl	hecked, e	either a prop	perty address or legal		
PROPERTY ADDRESS	Address			Suite or	r Apartment N	lumber		
OR Legal description	600 and 610 East 6	6th Street						
LEGAL DESCRIPTION	City			State		Zip Code		
	Austin			TX		78701		
	Property Legal Des	scription						
	Lot 1 less S. 119 Ac	c., W 42 Ft of	Lot 2, Blk 64, Orig City Austin, E 2	27 Ft of Lo	t2 & W 3 Ft B	lk 64, Orig City Austin		
Subject Matter(s)*: Check all sub	piect matters that	annly to the	municinal question above					
Accessibility or Persons with	-	Environ	mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	ilding, Site Plans)		
☐ Affordability		Finance	, Budget, or Investments		Permits (Oth	ner)		
Animals			Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation		Historic	Preservation		Public Utiliti or Recycling	es, Energy, Water, Solid Waste		
Arts, Music, Film, Cultural or Creative Industries		Hospita Center	lity, Tourism, Events, or Convention	on	Quality of Li	fe Affairs		
Aviation		☐ Human	Rights or Immigration	\boxtimes	Real Estate			
City Infrastructure or Public V	Vorks	Labor o	r Workforce		Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Decomposition	evelopment or Land Use		Taxation or	Fees		
Code Compliance		Municip	pal Court		Technology	or Communications		
Construction		Municip	oal Legislation		Transportati	ion or Mobility		
Contracts or Procurement		Neighb	orhoods		Zoning or Pl	atting		
Diversity, Equity, or Inclusion		Parks, F	Recreation, Libraries, or Museums					
Economic Development		Other:						



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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one munici	ipai Question, click	tile Auu	Additional Municipal Question	Duttoni	Jeiow.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to proposed rezoning and any related site permits.						
PROPERTY ADDRESS	This municipal description is	•	pertains to real property. *If cl	hecked, 6	either a prop	perty address or legal	
OR	Address			Suite o	r Apartment N	lumber	
LEGAL DESCRIPTION	6505, 6507, and 6	603 E. River	side & 2108	and 21	10 Thrasher La	ane	
	City			State		Zip Code	
	Austin			TX		78741	
	Property Legal Des	scription					
	7.53 acres out of S	Santiago De	Valle Grant No. 24, including Lot	1, RAY SH	AW SUBDIVIS	ION	
Subject Matter(s)*: Check all su	bject matters that	apply to th	ne municipal question above				
Accessibility or Persons with		Enviro	nmental Matters, Air or Water y, or Watershed Protection	\boxtimes	Permits (Bui	llding, Site Plans)	
☐ Affordability		Financ	ce, Budget, or Investments		Permits (Oth	ner)	
☐ Animals			n, Healthcare, Mental Health, or n Services			y, Policy, Fire, EMS, or Planning and Response	
Annexation		Histor	ic Preservation		Public Utiliti or Recycling	es, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural or Creative Industries		Hospit Cente	tality, Tourism, Events, or Conventi r	on	Quality of Li	fe Affairs	
Aviation		☐ Huma	n Rights or Immigration	\boxtimes	Real Estate		
City Infrastructure or Public	Works	Labor	or Workforce		Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Empl Retirement Systems	oyment, or	∑ Land [Development or Land Use		Taxation or	Fees	
Code Compliance		Munic	ipal Court		Technology	or Communications	
Construction		☐ Munic	ipal Legislation		Transportat	ion or Mobility	
Contracts or Procurement		☐ Neighl	borhoods	\boxtimes	Zoning or Pl	atting	
Diversity, Equity, or Inclusion	1	Parks,	Recreation, Libraries, or Museums				
Economic Development		Other	:				



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Section 2: **Municipal Question**

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one wunici	pai Question, click	k the	Add Additional Municipal Question	button	below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to proposed rezoning and any related site permits.							
PROPERTY ADDRESS	This municipal description is		estion pertains to real property. *If ch uired.		either a prop			
OR	7400 E. Riverside I	Drive	:		-			
LEGAL DESCRIPTION	City			State		Zip Code		
	Austin			TX		78741		
	Property Legal De	occrin	tion					
			CK B, PARKE GREEN SUBDIVISION					
Subject Matter(s)*: Check all sub	oject matters that	app	ly to the municipal question above					
Accessibility or Persons with	Disabilities		Environmental Matters, Air or Water Quality, or Watershed Protection	\boxtimes	Permits (Bui	ilding, Site Plans)		
Affordability			Finance, Budget, or Investments		Permits (Oth	her)		
Animals			Health, Healthcare, Mental Health, or Human Services			y, Policy, Fire, EMS, or Planning and Response		
Annexation			Historic Preservation		Public Utiliti or Recycling	ies, Energy, Water, Solid Waste, I		
Arts, Music, Film, Cultural or Creative Industries			Hospitality, Tourism, Events, or Convention Center	on _] Quality of Li	fe Affairs		
Aviation			Human Rights or Immigration	\boxtimes	Real Estate			
City Infrastructure or Public V	Vorks		Labor or Workforce		Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	\boxtimes	Land Development or Land Use] Taxation or	Fees		
Code Compliance			Municipal Court		Technology	or Communications		
Construction			Municipal Legislation] Transportati	ion or Mobility		
Contracts or Procurement			Neighborhoods	\boxtimes	Zoning or Pla	atting		
Diversity, Equity, or Inclusion			Parks, Recreation, Libraries, or Museums					
Economic Development			Other:					

Add Additional Municipal Question

Delete this page

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Add Additional Municipal Question

Lobbyist Reporting Form

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

10 Toport	more than ene manel	ar eucotion, onor	1110 7144	riaarrioriai iviariioipai 240	, otioii k		010111		
	C DESCRIPTION OF THE VICIPAL QUESTION*	Entitlements related to proposed rezoning and any related site permits.							
DD	OPERTY ADDRESS	This municipa description is	-	pertains to real property	. *If che	ecked, e	ither a prop	erty address or leg	al
1100	OR OF ERT ADDRESS	Address				Suite or	Apartment N	umber	
LFC	GAL DESCRIPTION	1600 Wickersham	Lane						
	ONE DESCRIPTION	City				State		Zip Code	
		Austin				TX		78741	
		Property Legal Des	scription						
		LOTS 5 THROUGH	9, BLOCK A	, PARKE GREEN SUBDIVISION	V				
Subject M	latter(s)*: Check all subj	ject matters that	apply to t	ne municipal question abo	ove				
Acc	essibility or Persons with D	Disabilities	☐ Enviro	onmental Matters, Air or Wa sy, or Watershed Protection	ter	\boxtimes	Permits (Buil	ding, Site Plans)	
Affo	ordability		Finan	ce, Budget, or Investments			Permits (Oth	er)	
Anir	mals		Healt	n, Healthcare, Mental Health n Services	n, or			r, Policy, Fire, EMS, o Planning and Respons	
Ann	nexation		Histor	ic Preservation			Public Utilitie or Recycling	es, Energy, Water, So	olid Waste,
	s, Music, Film, Cultural or ative Industries		☐ Hospi Cente	tality, Tourism, Events, or Co r	onventio	n 🗌	Quality of Lif	e Affairs	
Avia	ation		☐ Huma	n Rights or Immigration		\boxtimes	Real Estate		
☐ City	Infrastructure or Public W	/orks	Labor	or Workforce			Rules, Propo	sed Rules, or Rule M	aking
	l Service, Municipal Emplo irement Systems	yment, or	∠ Land	Development or Land Use			Taxation or F	ees	
Cod	le Compliance		☐ Muni	cipal Court			Technology of	or Communications	
☐ Con	nstruction		☐ Muni	cipal Legislation			Transportati	on or Mobility	
☐ Con	ntracts or Procurement		☐ Neigh	borhoods		\boxtimes	Zoning or Pla	atting	
Dive	ersity, Equity, or Inclusion		Parks	Recreation, Libraries, or Mu	useums				
Eco	nomic Development		Other	:					

Delete this page

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Add Additional Municipal Question

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	•	<u> </u>							
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements relate	Entitlements related to proposed rezoning and any related site permits.							
PROPERTY ADDRESS	★ This municipa description is	al question pertains to real property. *If ch required.	ecked, either a pro	perty address or legal					
OR	Address		Suite or Apartment	Number					
LEGAL DESCRIPTION	1109 S. Pleasant V	/alley							
	City		State	Zip Code					
	Austin		TX	78702					
	Property Legal Des	scription							
	LOT 1, BLOCK A, JE	EFFERSON COMMONS AT TOWN LAKE SUBDIVIS	SION						
Subject Matter(s)*: Check all sub	ject matters that	apply to the municipal question above							
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)					
Affordability		Finance, Budget, or Investments	Permits (Ot	her)					
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response					
Annexation		Historic Preservation	Public Utilit or Recycling	ies, Energy, Water, Solid Waste, g					
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conventio Center	n	ife Affairs					
☐ Aviation		Human Rights or Immigration	Real Estate						
City Infrastructure or Public V	Vorks	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making					
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development or Land Use	☐ Taxation or	Fees					
Code Compliance		Municipal Court	Technology	or Communications					
Construction		Municipal Legislation	☐ Transporta	tion or Mobility					
Contracts or Procurement		☐ Neighborhoods	Zoning or P	latting					
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museums							
Economic Development		Other:							

Delete this page

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan permitting, including responses to City staff comments to site plan submittal, easements, and restrictive covenants.							
DDODEDTY ADDDESS	This municipal description is		uestion pertains to real property. *If chuired.	necked	, either a prop	perty address or legal		
PROPERTY ADDRESS	Address			Suite	or Apartment I	Number		
OR LEGAL DESCRIPTION	901 W. Ben White	e Blv	d.					
LEGAL DESCRIPTION	City			State		Zip Code		
	Austin			TX		78704		
	Property Legal De	escrip	ition					
	LOT 1 BLK A SOUT	ΓΗ ΑΙ	JSTIN MEDICAL CENTER					
Subject Matter(s)*: Check all su	hiact matters that	ann	ly to the municipal question above					
Accessibility or Persons with			Environmental Matters, Air or Water Quality, or Watershed Protection		Permits (Bu	ilding, Site Plans)		
Affordability			Finance, Budget, or Investments	[Permits (Ot	her)		
Animals			Health, Healthcare, Mental Health, or Human Services	[ty, Policy, Fire, EMS, or Planning and Response		
Annexation			Historic Preservation	[Public Utilit or Recycling	ies, Energy, Water, Solid Waste, J		
Arts, Music, Film, Cultural or Creative Industries			Hospitality, Tourism, Events, or Convention Center	on [Quality of L	ife Affairs		
Aviation			Human Rights or Immigration		Real Estate			
City Infrastructure or Public	Works		Labor or Workforce	[Rules, Prop	osed Rules, or Rule Making		
Civil Service, Municipal Empl Retirement Systems	oyment, or	\boxtimes	Land Development or Land Use	[Taxation or	Fees		
Code Compliance			Municipal Court	[Technology	or Communications		
Construction			Municipal Legislation	[Transportat	tion or Mobility		
Contracts or Procurement			Neighborhoods	[Zoning or P	latting		
Diversity, Equity, or Inclusion	1		Parks, Recreation, Libraries, or Museums					
Economic Development			Other:					



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	<u> </u>								
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Ordinances and revenues, and fees.	Ordinances and regulations related to music industry including but not limited to, special events, sound amplification, venues, and fees.							
PROPERTY ADDRESS	This municip	•	pertains to real property. *If	f checked,	either a prop	perty address or legal			
OR	Address			Suite	or Apartment N	lumber			
LEGAL DESCRIPTION									
	City			State		Zip Code			
	Property Legal De	scription							
		<u> </u>							
Subject Matter(s)*: Check all sul	hiact matters that	annly to th	e municinal question above						
Subject Matter(s) . Check all su	bject matters mat	,							
Accessibility or Persons with	Disabilities		nmental Matters, Air or Water y, or Watershed Protection		Permits (Bui	lding, Site Plans)			
☐ Affordability		Financ	e, Budget, or Investments	\triangleright	Permits (Oth	ner)			
☐ Animals			, Healthcare, Mental Health, or n Services	\triangleright		y, Policy, Fire, EMS, or Planning and Response			
Annexation		Histori	c Preservation		Public Utiliti or Recycling	es, Energy, Water, Solid Waste,			
Arts, Music, Film, Cultural or Creative Industries		Hospit Center	ality, Tourism, Events, or Conve	ntion _	Quality of Li	fe Affairs			
Aviation		Humar	n Rights or Immigration		Real Estate				
City Infrastructure or Public	Works	Labor	or Workforce		Rules, Propo	osed Rules, or Rule Making			
Civil Service, Municipal Empl Retirement Systems	oyment, or	Land D	evelopment or Land Use		Taxation or	Fees			
Code Compliance		Munici	pal Court		Technology	or Communications			
Construction		Munici	pal Legislation		Transportati	ion or Mobility			
Contracts or Procurement		☐ Neighb	oorhoods		Zoning or Pl	atting			
Diversity, Equity, or Inclusion	ı	Parks,	Recreation, Libraries, or Museu	ms					
Economic Development		Other:							



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	<u>'</u>	an execution, online the free free free free free free free fr						
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*		The City's ordinances and regulations concerning anti-lobbying and solicitations, including but not limited to, Request for Proposal, Invitation for Bids, Request for Quotations, Request for Qualifications, and auctions.						
PROPERTY ADDRESS	This municipudescription	pal question pertains to real property. *If ch is required.	·					
OR	Audiess		Suite or Apartment	Number				
LEGAL DESCRIPTION								
LEGAL DESCRIPTION	City		State	Zip Code				
				7				
	Property Legal D	Description						
0.1: 184 11 ()* 01 1 11								
Subject Matter(s)*: Check all su	ibject matters tha	at apply to the municipal question above						
Accessibility or Persons with	n Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)				
☐ Affordability		Finance, Budget, or Investments	Permits (C	Other)				
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response				
Annexation		Historic Preservation	Public Util or Recyclii	ities, Energy, Water, Solid Waste, ng				
Arts, Music, Film, Cultural o Creative Industries	r	Hospitality, Tourism, Events, or Convention Center	on Quality of	Life Affairs				
Aviation		☐ Human Rights or Immigration	Real Estat	е				
City Infrastructure or Public	Works	Labor or Workforce	Rules, Pro	posed Rules, or Rule Making				
Civil Service, Municipal Emp Retirement Systems	loyment, or	☐ Land Development or Land Use	☐ Taxation o	or Fees				
Code Compliance		☐ Municipal Court	Technolog	y or Communications				
Construction		Municipal Legislation	☐ Transport	ation or Mobility				
Contracts or Procurement		□ Neighborhoods	Zoning or	Platting				
Diversity, Equity, or Inclusion	n	Parks, Recreation, Libraries, or Museums						
Economic Development		Other:						



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To report more than one manier	par adostron, ono		aa maantonan manopar 2400tion k			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	The collection, processing or disposal of solid waste, recyclables, compostables, organics, reusable material, biosolids, and industrial non-hazardous waste.					
PROPERTY ADDRESS	This municip	•	tion pertains to real property. *If cheed.	ecked, (either a prop	perty address or legal
OR	Address			Suite o	r Apartment N	lumber
LEGAL DESCRIPTION						
	City			State		Zip Code
	Property Legal De	scription	1			
		-				
Subject Matter(s)*: Check all subject Matter(s)	pioct matters that	annly t	o the municipal question above			
Subject Matter(s) . Check all sub	уест папета та		• •			
Accessibility or Persons with	Disabilities		vironmental Matters, Air or Water uality, or Watershed Protection		Permits (Bui	ilding, Site Plans)
☐ Affordability		Fir	nance, Budget, or Investments		Permits (Oth	ner)
Animals			ealth, Healthcare, Mental Health, or uman Services			y, Policy, Fire, EMS, or Planning and Response
Annexation		His	storic Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Waste,
Arts, Music, Film, Cultural or Creative Industries			ospitality, Tourism, Events, or Convention onter	n _] Quality of Li	fe Affairs
Aviation		□ Н	ıman Rights or Immigration] Real Estate	
City Infrastructure or Public V	Vorks	☐ La	bor or Workforce		Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	oyment, or	☐ La	nd Development or Land Use] Taxation or	Fees
Code Compliance		M	unicipal Court] Technology	or Communications
Construction		M	unicipal Legislation] Transportat	ion or Mobility
Contracts or Procurement		□ Ne	eighborhoods] Zoning or Pl	atting
Diversity, Equity, or Inclusion	1	☐ Pa	rks, Recreation, Libraries, or Museums			
Economic Development		□ 0t	ther:			



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Small cell techno	ology including the ordinances, regulations, and licer	nse agreement.
PROPERTY ADDRESS	This munici	•	cked, either a property address or legal
OR	Tudi ess		unte of Apartment Number
LEGAL DESCRIPTION			
	City		itate Zip Code
	Property Legal D	Description	
	Troperty Legal E	occupation .	
Subject Matter(s)*: Check all su	ubject matters tha	at apply to the municipal question above	
Accessibility or Persons with	h Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Building, Site Plans)
Affordability		Finance, Budget, or Investments	Permits (Other)
Animals		Health, Healthcare, Mental Health, or Human Services	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
Annexation		☐ Historic Preservation	Public Utilities, Energy, Water, Solid Waste, or Recycling
Arts, Music, Film, Cultural of Creative Industries	r	Hospitality, Tourism, Events, or Convention Center	Quality of Life Affairs
Aviation		☐ Human Rights or Immigration	Real Estate
City Infrastructure or Public	Works	Labor or Workforce	
Civil Service, Municipal Emp Retirement Systems	oloyment, or	☐ Land Development or Land Use	Taxation or Fees
Code Compliance		Municipal Court	▼ Technology or Communications
Construction		Municipal Legislation	Transportation or Mobility
Contracts or Procurement		☐ Neighborhoods	Zoning or Platting
Diversity, Equity, or Inclusion	on	Parks, Recreation, Libraries, or Museums	
Economic Development		Other:	



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

· · · · · · · · · · · · · · · · · · ·		<u> </u>					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements relating to site development and use of property.						
DDODEDTV ADDDESS	I —	∑ This municipal question pertains to real property. *If checked, either a property address or legal description is required.					
PROPERTY ADDRESS OR	Address		Suite or A	partment N	umber		
LEGAL DESCRIPTION	805 Nueces St.						
LEGAL BESONII TION	City		State		Zip Code		
	Austin		TX		78701		
	Property Legal De	scription					
	.58 acres of Lots 1	-4, BLock 102, Original City of Austin					
Subject Matter(s)*: Check all sub	oject matters that	apply to the municipal question above					
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	P	Permits (Buil	ding, Site Plans)		
Affordability		Finance, Budget, or Investments	P	Permits (Oth	er)		
Animals		Health, Healthcare, Mental Health, or Human Services			, Policy, Fire, EMS, or lanning and Response		
Annexation		Historic Preservation		Public Utilitie or Recycling	es, Energy, Water, Solid Waste		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	on 🗌 C	Quality of Lif	e Affairs		
Aviation		Human Rights or Immigration	⊠ R	Real Estate			
City Infrastructure or Public \	Works	Labor or Workforce	□ R	Rules, Propo	sed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development or Land Use	T	axation or F	ees		
Code Compliance		Municipal Court	T	echnology o	or Communications		
Construction		Municipal Legislation	T	ransportation	on or Mobility		
Contracts or Procurement		☐ Neighborhoods	Z	oning or Pla	itting		
Diversity, Equity, or Inclusion	ı	Parks, Recreation, Libraries, or Museums					
Economic Development		Other:					



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one munici	ipai Question, ciici	N LITE	Aud Auditional Municipal Question	buttoi	i below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan permitting, including responses to City staff comments to site plan submittal, easements, density bonus program, and restrictive covenants.							
DDODEDTY ADDDESS	This municip		uestion pertains to real property. *If chuired.	necked	, either a prop	perty address or legal		
PROPERTY ADDRESS	Address			Suite	Suite or Apartment Number			
OR LEGAL DESCRIPTION	300 Colorado							
LEGAL DESCRIPTION	City			State		Zip Code		
	Austin			TX		78701		
	Property Legal De	escrip	tion					
	LOTS 4-6 BLOCK O)28, (DRIGINAL CITY OF AUSTIN					
Subject Matter(s)*: Check all sul	hight matters that	ann	ly to the municipal question above					
Accessibility or Persons with		П	Environmental Matters, Air or Water Quality, or Watershed Protection		Permits (Bu	ilding, Site Plans)		
☐ Affordability			Finance, Budget, or Investments		Permits (Ot	her)		
Animals			Health, Healthcare, Mental Health, or Human Services			ry, Policy, Fire, EMS, or Planning and Response		
Annexation			Historic Preservation		Public Utilit or Recycling	ies, Energy, Water, Solid Waste, J		
Arts, Music, Film, Cultural or Creative Industries			Hospitality, Tourism, Events, or Convention Center	on [Quality of L	ife Affairs		
Aviation			Human Rights or Immigration		Real Estate			
City Infrastructure or Public	Works		Labor or Workforce		Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Empl Retirement Systems	oyment, or	\boxtimes	Land Development or Land Use		Taxation or	Fees		
Code Compliance			Municipal Court		Technology	or Communications		
☐ Construction			Municipal Legislation		Transportat	tion or Mobility		
Contracts or Procurement			Neighborhoods		Zoning or Pl	latting		
Diversity, Equity, or Inclusion	ı		Parks, Recreation, Libraries, or Museums					
Economic Development			Other:					



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation dur	ing the applicable
CLIENT NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable*		
one it is all individual			
	AUSTIN 1801 EAST 6TH, LP		
	Client Business Address*	Client Apartment or	Suite Number
	100 Congress Avenue	Suite 1450	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
	Austin	TX	78701
AND			76761
NATURE OF	Nature of Client's Business*		
BUSINESS	Property Owner		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe for compensation totaling \$500,000 or more.		amount is required
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	\Box I represented no clients and received no clien reporting period	t compensation dur	ing the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	organization Name of olient East Name, as applicable		
	WEST PARK 290 ABR VENTURE LLC		
	Client Business Address*	Client Apartment or	Suite Number
	5453 Burnet Rd.	Suite 203	
CLIENT	Client City*	Client State*	Client Zip Code*
ADDRESS			· · · · · · · · · · · · · · · · · · ·
AND	Austin	TX	78756-1648
NATURE OF	Nature of Client's Business*		
BUSINESS	Property Owner		
			,

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	\square I represented no clients and received no client reporting period	t compensation du	ring the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Cayuga Capital Management		
OUTNE	Client Business Address* 217 Havemeyer Street	Client Apartment o	or Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	New York	NY	11211
NATURE OF	Nature of Client's Business*		
BUSINESS	Potential Buyer/Entertainment Industry		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation info		
* In discase a supervisor of Godel			

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	compensation duri	ng the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
_	TLH RIVERSIDE 6507 MF-I, LP		
	Client Business Address*	Client Apartment or	Suite Number
	1601 S. Mopac Expressway	Suite 175	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78746
NATURE OF	Nature of Client's Business*		
BUSINESS	Property owner		
			,

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe for compensation totaling \$500,000 or more.		amount is required
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable*			
Chefft is all individual	NRE EDGE LLC			
QUENT	Client Business Address* 1801 Century Park West	Client Apartment or 5th Floor	Suite Number	
CLIENT ADDRESS AND	Client City* Los Angeles	Client State*	Client Zip Code* 90067	
NATURE OF BUSINESS	Nature of Client's Business* Property Owner			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COIVIPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation in		

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* NRE ION LLC			
QUENT	Client Business Address* 1801 Century Park West	Client Apartment or 5th Floor	Suite Number	
CLIENT ADDRESS	Client City* Los Angeles	Client State*	Client Zip Code* 90067	
AND NATURE OF	Nature of Client's Business*		j.coc.	
BUSINESS	Property Owner			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a naminal field			

Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
Chefit is all illulvidual	Organization Marine of Cheff Last Marine, as applicable			
	NRE TOWN LAKE PROPERTY OWNER LLC			
	Client Business Address*	Client Apartment or	Suite Number	
	1801 Century Park West	5th Floor		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
ADDRESS	Los Angeles	CA	90067	
NATURE OF	Nature of Client's Business*			
BUSINESS	Property Owner			
			,	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COIVIPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation in		

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	St. David's HealthCare Partnership, L.P., LLP			
	Client Business Address* 98 San Jacinto Blvd.	Client Apartment or	Suite Number	
CLIENT				
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	Healthcare provider.			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation in		

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	SXSW, LLC			
CLIENT ADDRESS	Client Business Address* P.O. Box 685289 Client City*	Client Apartment of	r Suite Number Client Zip Code*	
AND	Austin	TX	78768	
NATURE OF BUSINESS	Nature of Client's Business* Music industry			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* Texas Disposal Systems, Inc.			
QUENT	Client Business Address* P.O. Box 17126	Client Apartment or	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND NATURE OF	Nature of Client's Business*	TX	78760	
BUSINESS	Solid waste services			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$10,000 - \$24,999	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* In all a decrease was a size of 6's Lal			

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Opposition Name on Client Last Name on annulisable *		
Client is an individual	Organization Name or Client Last Name, as applicable* Verizon Communications, Inc.		
	Client Business Address* 10101 Claude Freeman Dr.	Client Apartment or Suite 310	Suite Number
CLIENT ADDRESS AND	Client City* Charlotte	Client State*	Client Zip Code* 28262
NATURE OF BUSINESS	Nature of Client's Business* Telecommunications		
			,

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			

* Indicates a required field

Add Another Client Page



Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
Client is an individual	Organization Name or Client Last Name, as applicable* WYNDHAM VACATION RESORTS, INC.			
0.151.5	Client Business Address* 6277 Sea Harbor Drive	Client Apartment o	r Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Orlando	FL	32821	
NATURE OF	Nature of Client's Business*			
BUSINESS	Property owner/timeshare			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT COMPENSATION	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Com	pensation information, _l	provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Austin 3C Venture, LP		
CLIENT	Client Business Address* 100 Congress Avenue	Client Apartment or Suite 1450	Suite Number
	Client City*	Client State*	Client Zip Code*
ADDRESS	Austin	TX	78701
AND			
NATURE OF	Nature of Client's Business*		
BUSINESS	Property Owner		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe for compensation totaling \$500,000 or more.		amount is required
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

NO EMPLOYEES TO REPORT	☐ I employe	ed or retained no employees du	uring the applicab	le reporting period
PERSON	Title	First Name*		Middle
EMPLOYED OR	Last Name *		Suffix	
RETAINED	Employer*		Occupation	*
BUSINESS ADDRESS	Business Addres City*	ss*	Apartmer State*	zip Code*
MAYOR/COUNCIL RELATIVE OR	Council Mem	identified above related (within the laber, or a member of their househouse the nature of their employment	old, as defined in Ci	ty Code Section 4-8-6(A)(5)?
HOUSEHOLD MEMBER	First Name of M	layor/Council Member	Last Name of M	ayor/Council Member

* Indicates a required field

Add Another Employee Page

Sections 5, 6 and 7 are for filing Quarterly Activity Reports or a Termination of Lobbyist Registration.

If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



Section 5: Statement of No Activity

STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED.

Lobbyists who have no reportable activity for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the No Activity Confirmation, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

No Activity Confirmation ☐ I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).

Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

	(\$) Reimbursement to Others (\$) Food and Beverages
	(\$) Transportation and Lodging
	(\$) Gifts (other than Awards and Mementos)
EXPENDITURE	(\$) Entertainment
TOTALS (Blank values will be interpreted as \$0)	(\$) Awards and Mementos
	(\$) Honorariums
	(\$) Attendance of Council Members at Charitable Events or Fundraisers
	(\$) Media Communications (broadcast, print, advertising, etc.)
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)



Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

Add Another Expenditure Page

PAYEE NAME	Organization Name or Payee Last Name,	as applicable *		
AND				
BUSINESS INTEREST	This payee is a business or business in	nterest of a City Official		
li .	If yes, First Name of City Official	Last N	lame of City Official	
Payee is an individual				
	Department of City Official	Job Ti	tle of City Official	
	Payee Address/ PO Box*	F	Payee Apartment or	Suite Number
PAYEE				
ADDRESS	Payee City*		Payee State * Payee Zip Code *	
	(\$) Expenditure Amount * Expenditure Date * Category *			
EXPENDITURE	Cry Emportance of Emportance of Suitable o			
DETAILO				
DETAILS	Purpose of the Expenditure*			
	no benefitted from or who may		ed by the expe	
City Official First Name	City Official Last Name	Department		Job Title

Delete this page

35 Revised: 9/25/2017



Section 8: Declaration and Electronic Submission

DECLARATION

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Michael J. Whellan	1/8/2018
Typed Name	Report Date*

Electronic Submission and Signature

I have completed a Lobbyist Contact Information Form, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.